

# PRESIDENTIAL SCHOLARS PROGRAM

## VOLUNTARY SURVEY FORM

The following information is requested on a voluntary basis. The information will be used for statistical purposes only and will remain confidential. Check the box next to the race/ethnicity with which you most closely identify yourself.

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☐ **American Indian or Alaskan Native**

*A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.*

☐ **Asian or Pacific Islander**

*A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.*

☐ **Black (not of Hispanic origin)**

*A person having origins in any of the black racial groups of Africa.*

☐ **Hispanic**

*A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.*

☐ **White (not of Hispanic origin)**

*A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

Do you consider yourself to be physically challenged or disabled? Yes   No  
☐   ☐

If so, please briefly describe your disability: \_\_\_\_\_

# CANDIDATE ESSAY

Name \_\_\_\_\_ State \_\_\_\_\_

**Topic:** Please attach a photograph of something that or someone who has great significance to you. Explain that significance.

Your essay should demonstrate style, depth and breadth of your knowledge, and individuality. Confine your response to the front and back of this page. **The photograph must be stapled to this page and must not be larger than 5" x 7". Photographs will not be returned.** Typewritten essays are preferable. **Font size must be 10 points or larger.** If not typed, please print, using black or blue ink.

# CANDIDATE CONTROL FORM

**Please type or print, using black or blue ink.**

STATE OF LEGAL RESIDENCE 

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1. Legal name \_\_\_\_\_
- First* *Middle initial* *Last*

Permanent home address \_\_\_\_\_

*Number* *Street*

City or town \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

3. Do you attend school in a state or country other than your state of legal residence? If so, please enter states: \_\_\_\_\_ state of residence \_\_\_\_\_ state/country of school attendance

4. Do you live outside of the United States and its associated territories (Puerto Rico, Virgin Islands, American Samoa, Guam, or the Northern Mariana Islands)? If so, how long have you lived in this location? \_\_\_\_\_



**If your state of legal residence and permanent address differ or you answered yes to either 3 or 4, call 319/341-2331 before continuing. This may affect your status as a candidate for the program.**

- [illegible]

9. Address and telephone number where you can be reached until May 15, if different from those provided above.

\_\_\_\_\_

*Number and street*                      *City or town*                      *State*                      *ZIP code*                      *Telephone number*

- 10. E-mail address** \_\_\_\_\_

11. High school \_\_\_\_\_

Address \_\_\_\_\_  
*Number and street*

City or town	State	ZIP code
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12. On the line below, **print** your informal name (including your last name) as you would want it to appear on a name tag. Consider how you would want to be addressed by fellow Presidential Scholars.

13. On the line below, **print** your name as you would want it to appear on a Presidential Scholar medallion. This information **cannot** be revised at a later date.

- 14.** Name the educator who has influenced you most significantly during your school years and whom you would like honored. This information should be the same as that provided on the back of your Supporting Information Form.

- | A. Teacher's name | <i>Title (e.g., Mr., Ms.) First</i> | <i>Middle initial</i> | <i>Last</i> |
|-------------------|-------------------------------------|-----------------------|-------------|
|                   |                                     |                       |             |

- B. Teacher's school \_\_\_\_\_
- Name*
- \_\_\_\_\_
- City or town* *State* *ZIP code*

- C. Teacher's primary subject area \_\_\_\_\_

- D. Teacher's home address \_\_\_\_\_  
*Number and street*

City or town	State	ZIP code
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# 2004 PRESIDENTIAL SCHOLARS PROGRAM

## SECONDARY SCHOOL REPORT

**Legal name of student** \_\_\_\_\_*Please type or print, using black ink.**Last**First**Middle*

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain signed authorization before it can release student information for use in this program.

Permission is hereby given to school officials to release the secondary school record and other requested information for the student named above for consideration in this award program.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or legal guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

If you have attended this school for less than two years, you may copy this form and request someone from your former school to also complete a copy for you.

**School** \_\_\_\_\_*Name**City**State**ZIP Code**Telephone***Important Note to School Official and Evaluator:**

The student named above is a candidate for the honor of Presidential Scholar. In order to process this student's application, we must receive

- this completed form;
- a 7-semester secondary school transcript, including grades 9–12, as well as SAT/ACT scores and any AP test scores; and
- a school profile, if available.

Both the evaluator and the principal must sign this form on page 4. Seal the signed form, transcript, and school profile in an envelope. The principal's signature must appear across the envelope seal for it to be accepted by the Commission.

**Please note the following important instructions:**

Please provide thorough responses; incomplete or limited answers will place your student at a disadvantage. Do not submit a letter of recommendation as a replacement for this form. All extraneous material, including letters of recommendation, are removed from candidates' files and cannot be included with the application for review.

*All application materials, including this form and transcripts, must be received by 5:00 P.M. (central time), February 19, 2004. Any application materials not received by that deadline will render the student's application ineligible for review.*

A. Name of principal \_\_\_\_\_  
*Please type or print, using black ink. Last First Middle*

B. Are you confident that the student will receive a school diploma during the current academic year?

Yes

No

☐☐

If no, please explain. \_\_\_\_\_

C. Expected date of graduation \_\_\_\_\_ / \_\_\_\_\_  
*Month Year*

D. Student's class rank \_\_\_\_\_ How many students in the class? \_\_\_\_\_

E. Student's grade point average \_\_\_\_\_ on a \_\_\_\_\_ point scale. This GPA is based on \_\_\_\_\_ semesters.

F. Who is evaluating the student on the following pages?

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
*Teacher/Counselor*

Length of relationship \_\_\_\_\_ If teacher, please state subject(s) \_\_\_\_\_

In items G–N, please be concise. Use examples to support your comments. Limit your response to the space provided.

G. What economic or social conditions characterize your community and most of the parents of the children in your school? (For example, is your community a university town, a mill town, a farming area?)

H. Considering this student's interests, work habits, and life goals, what is your assessment of the chances that the student will be motivated to take advantage of the opportunities available in college? Please give reasons for your assessment.

**I.** What special features are a part of your school's curriculum (e.g., AP and honors courses; school's service requirements, including required hours and type of service; college study; independent study)? Has the student taken advantage of the most challenging opportunities your school has to offer?

**J.** Has this student given any strong evidence of leadership ability? ☐ Yes ☐ No  
Please explain the criteria on which you base your judgment and how the student meets those criteria. Include a discussion of the student's principal strength.

**K.** Describe how this student demonstrates strong character (e.g., integrity, independence, loyalty, patriotism, self-discipline, employment responsibilities, willingness to work hard, kindness, commitment to high ideals, and caring for others).

**L.** Has the student shown exceptional talent or originality in any specific field such as art, music, science, literature, or mathematics? ☐ Yes ☐ No Please cite examples.

**M.** Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. If, in your opinion, this student may be disadvantaged by any such circumstances, please specify.

**N.** What areas have most challenged this student?

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EVALUATOR'S SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL'S SIGNATURE

\_\_\_\_\_  
TITLE

**After completing this form, attach the candidate's transcript and a copy of your school profile, and seal them all in the envelope provided. Sign your name across the seal. The Commission will not accept materials returned in unsigned envelopes.**

# SUPPORTING INFORMATION FOR THE 2004 PRESIDENTIAL SCHOLARS PROGRAM

## PRIVACY ACT ADVISORY STATEMENT

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with this request for information. Accordingly, pursuant to the requirements for the Act, please be advised:

1. The authority for the collection of these data is Executive Order 11155.
2. Furnishing the information requested is voluntary.
3. The data will be used for selection of Presidential Scholars, engraving of Scholar medallions, and arranging transportation and accommodations for Scholars.
4. Other routine uses of the data are for preparation of the Presidential Scholars Yearbook, public affairs, and press releases to news media.
5. Failure to complete the form will mean that you cannot be included among those candidates being considered for designation as Presidential Scholar.

## AFFIRMATION OF CANDIDACY AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, understand that I am a candidate for the honor of Presidential Scholar, have read the Privacy Act Advisory Statement, and affirm my wish to be considered. In the event I am named a Presidential Scholar, permission is hereby given for the release of materials submitted by me for the use of the Commission on Presidential Scholars and the Department of Education as may be deemed appropriate for purposes of the Presidential Scholars Program. I further consent to the release of photographs which may be taken of me, by or for the U.S. Department of Education in connection with the Program. I am (check one) willing ☐ unwilling ☐ to appear on radio and/or television if such arrangements can be made by the U.S. Department of Education in connection with the Presidential Scholars Program.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## CANDIDATE'S BIOGRAPHICAL QUESTIONNAIRE

**Note:** The selection of award recipients will be influenced by the completeness, neatness, and legibility of replies. **Please type or print, in black or blue ink. Font size must be 10 points or larger. Confine your answers to the space provided; do not attach additional pages.**

### A. Biographical Information

Legal name in full (Print/Type) \_\_\_\_\_ Sex ☐ M ☐ F

*Last First Middle*

Permanent home address \_\_\_\_\_

*Number and street City or town State ZIP code*

Telephone

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Date of birth

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Age

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### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1860-0504**. The time required to complete this information collection is estimated to average 16 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to Presidential Scholars Program, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C. 20202-3521. Approved for use through 1/31/04.**

## B. Education

1. Name of high school currently attending \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
SAT: Verbal/English \_\_\_\_\_ Math \_\_\_\_\_ Test Date \_\_\_\_\_  
ACT: English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Test Date \_\_\_\_\_

2. List any other schools that you attended in the last four years in order of attendance, with the most recent one first.

Name of school	Location (city and state)	Dates of attendance

3. List any advanced or special program, courses, or summer courses you have taken. List the most recent first.

Course or program	Name of school	Location (city and state)	Dates of attendance	Hours per week

4. Name of first-choice college or university \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
5. What course of study (major) would you like to pursue in college?  
(You may indicate more than one or answer "undecided.") \_\_\_\_\_
6. Do you plan to go to graduate or professional school? \_\_\_\_\_
7. Have you made any career decisions? Yes ☐ No ☐  
If yes, specify: \_\_\_\_\_

## C. Activities and Work Experiences

1. List activities in which you have participated in your **school** (such as academics, publications, debating, dramatics, sports, music, art, student government, and clubs). Place an "X" in front of those activities you consider most important.

Activity	Dates of participation	Hours per week	Offices held	Special awards or honors

Name (Print/Type) \_\_\_\_\_

2. List any **special talents** (in areas such as music, the arts, sports, published writing or scientific research) that you pursue **outside of school**.

Talent or activity	Periods of participation	Special honors, recognition, or awards

3. List **community activities** in which you have participated without pay (such as hospital volunteer, religious work, drug/teen/homework hotlines, or outreach programs).

Type of work	Name of agency or organization	Dates of participation	Hours per week	Special awards

4. List **jobs** you have held in the past three or four years.

Job and type of work	Employer	Check one:		Approximate dates of employment	Approximate number of hours per week
		Sum-mer	School year		

**Note: Please be concise. Limit your responses to the spaces provided. Feel welcome to word-process your responses and then paste them on this form. Font size must be 10 points or larger. Do not attach additional pages.**

#### D. Candidate's Self Assessment

1. Describe a situation where you were called upon to demonstrate your leadership ability or where you were able to make a significant contribution to the solution of a problem or issue that arose in your school, community, or family life, or where you were able to act as a moral exemplar.
2. Describe any characteristics of yourself or your family that have been important to your personal development.

Name (Print/Type) \_\_\_\_\_

3. Discuss some creative work that illustrates the way you see the world and the way you see yourself in the world. The creative work may be a scientific theory, novel, film, poem, song, or other art form.
4. What is the most significant contribution that you feel you have made to your community's well-being or the well-being of an individual or individuals in your community? Why were you motivated to do this? What effect do you think it has had on that person or the community?

- E.** Name the teacher or instructor who has influenced you most significantly during your school years and whom you would like honored. (Note: Should you become a Presidential Scholar, the teacher you name will be invited to Washington, D.C., and honored for his or her accomplishments. Please be sure to print or type the teacher's name clearly.)

Teacher's name \_\_\_\_\_  
*Title (Mr., Ms.)      First      Middle initial      Last*

Teacher's school \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*City      State      ZIP code*

Teacher's primary subject area \_\_\_\_\_

Explain the reason for your selection.

**Please review this form to make sure you have answered all questions completely.**

**Proofread your responses.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**This form must be returned to the**

**Presidential Scholars Program**

**2255 North Dubuque Road, P.O. Box 4030**

**Iowa City, IA 52243-4030**

**and RECEIVED no later than February 19, 2004.**